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| <b>Case Number:</b>   | CM15-0094771 |                              |            |
| <b>Date Assigned:</b> | 05/20/2015   | <b>Date of Injury:</b>       | 08/26/2014 |
| <b>Decision Date:</b> | 07/02/2015   | <b>UR Denial Date:</b>       | 04/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old female, who sustained an industrial injury on 8/26/14. She reported pain in the right shoulder and low back. The injured worker was diagnosed as having cervical spine sprain/strain, lumbar spine sprain/strain, right shoulder sprain/strain rule out internal derangement, and bilateral wrist sprain strain rule out carpal tunnel syndrome. Treatment to date has included physical therapy, chiropractic treatment, and medications. Currently, the injured worker complains of neck pain and right shoulder pain. The treating physician requested authorization for Prilosec 20mg #30 with 1 refill, Naproxen 550mg #60 with 1 refill, and topical compound Flurbiprofen/Capsaicin/Menthol cream with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prilosec 20mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms, Anti-inflammatories Page(s): 68, 22.

**Decision rationale:** MTUS recommends NSAIDs as first-line therapy for chronic musculoskeletal pain. MTUS also recommends the use of a proton pump inhibitor or other gastroprotective agent if a patient is at risk of GI event. This patient reports benefits in pain relief from NSAID treatment and resolution of NSAID gastritis with prilosec. An initial physician review modified a request for both Prilosec and Naproxen with the rationale that the shortest possible duration of treatment is appropriate. Given the chronicity of the injury, the prescription for a 1-month supply with 1 refill is appropriate and consistent with the treatment guidelines. The request is medically necessary.

**Naproxen 550mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms, Anti-inflammatories Page(s): 68, 22.

**Decision rationale:** MTUS recommends NSAIDs as first-line therapy for chronic musculoskeletal pain. MTUS also recommends the use of a proton pump inhibitor or other gastroprotective agent if a patient is at risk of GI event. This patient reports benefits in pain relief from NSAID treatment and resolution of NSAID gastritis with prilosec. An initial physician review modified a request for both Prilosec and Naproxen with the rationale that the shortest possible duration of treatment is appropriate. Given the chronicity of the injury, the prescription for a 1-month supply with 1 refill is appropriate and consistent with the treatment guidelines. The request is medically necessary.

**Topical compound Flurbi/Caps/Menthol cream with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.